

Individual Counseling Guide – Pregnant Women

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">101 Pre-pregnancy Underweight</p> <p>≤90% Ideal Body Weight, or BMI <19.8</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient calories • insufficient resources for food • recent illness • medical condition(s) • smoker or substance abuse • severe dental caries • possible anorexia or bulimia • victim of abuse <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review the overall weight gain goal for women who are underweight prior to pregnancy (28-40 lbs.); also discuss the client's current weight gain as it relates that goal. Explain that gaining enough weight can reduce the risk of complications during pregnancy, and make a difference in her baby's birth weight and overall health. • If participant reveals high-risk eating habits, refer her to an R.D. • Reinforce any special diet instructions from the participant's health care provider. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating adequate portions. - aiming for the higher number of recommended servings from all of the food groups. - eating plenty of calorie-dense foods (see Appendix B). - adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients to foods - eating fewer empty-calorie foods (soft drinks, fruit drinks, candies, frozen pops, etc.). - eating more often (five or six smaller meals rather than two or three large meals). • For some women, drinking whole milk may be appropriate on a temporary basis. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall and prenatal weight gain chart into the counseling session and use food models to illustrate serving sizes. Ask participant to write down or suggest something she is willing to do to keep her weight gain on track.</i></p>	<p>Refer to doctor, clinic if:</p> <ul style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • participant is malnourished. <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Refer to Food Stamps, Food Pantry, etc., if: insufficient food or resources for food.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 6, Maternal Nutrition: Gestational Weight Gain [06-10110] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>111 Pre-pregnancy Overweight</p> <p>>120% Ideal Body Weight, or BMI \geq26.1</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • overconsumption of foods and/or beverages • inactivity • genetic disorders • family history of obesity • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review appropriate weight gain goal for women who are overweight prior to pregnancy (15 - 25 lbs.); also discuss the client's current weight gain as it relates to that goal. • Reinforce any special diet instructions from the participant's health care provider. • Some overweight participants may be reluctant to gain any additional weight during pregnancy. If that is the case, emphasize that a moderate weight gain is appropriate; also, she shouldn't try to lose weight during pregnancy. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating moderate serving sizes. - including plenty of fresh fruits and vegetables. - using low-fat cooking methods and ingredients. - avoiding fried foods, high-fat foods and empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). - drinking fat-free or reduced-fat milk. • Suggest increasing activity level (daily walks, etc.), with physician's approval. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. • Gaining too much weight during pregnancy can lead to complications during pregnancy and delivery. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall and prenatal weight gain chart into the counseling session, and use food models to show appropriate serving sizes. Ask participant to write down or suggest something she is willing to do to avoid gaining excess weight during her pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172] • Low-Fat Milk: Answers to Your Questions [13-19, 13-19(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 6, Maternal Nutrition: Gestational Weight Gain [06-10110] • Appendices

Topic/Risk Condition	Counseling Information (for codes 131 and 132)	Referral Information and Resources (for codes 131 and 132)
<p>131 Low Maternal Weight Gain</p> <p>16 to 40 weeks gestation, singleton pregnancy:</p> <ul style="list-style-type: none"> • underweight women: <4 lb. weight gain per month • normal/overweight women: <2 lb. weight gain per month • obese women: <1 lb. weight gain per month <p>OR</p> <ul style="list-style-type: none"> • low weight gain at any point in pregnancy using weight gain grid and respective pre-pregnancy weight category. <p>132 Maternal Weight Loss During Pregnancy</p> <p>Any weight loss below pre-pregnancy weight in 1st trimester (0 - 13 weeks gestation) or ≥2 lb. weight loss in 2nd or 3rd trimesters (14 - 40 weeks gestation)</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • inappropriate diet or insufficient calories • insufficient resources for food • recent illness or chronic medical conditions • common problems of pregnancy (morning sickness, nausea, vomiting, heartburn) <p><i>Note: Consider checking weight monthly until expected or desired weight gain is observed.</i></p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review appropriate weight gain goal using the prenatal weight gain chart and discuss the client's current weight gain as it relates to that goal. Emphasize that inadequate weight during the 2nd and 3rd trimesters can have a negative impact on the baby's growth and birth weight. • Reinforce any special diet instructions from the participant's health care provider. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating adequate portions. - aiming for the higher number of recommended servings from all of the food groups. - eating plenty of calorie-dense foods (see Appendix B). - adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients to foods. - eating fewer empty-calorie foods (soft drinks, fruit drinks, candies, frozen pops, etc.). - eating more often (five or six smaller meals rather than two or three large meals). • For some women, drinking whole milk may be appropriate on a temporary basis. • If needed, review strategies for dealing with common problems of pregnancy that impact diet (refer to the "Other Topics" section following Risk Code 903). • If participant seems reluctant about gaining weight, remind her that the weight gain is not only due to the baby, but also increased blood volume, breast tissue, fat stores, and amniotic fluid. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the participant's prenatal weight gain chart and diet recall into the session, and use food models to show appropriate serving sizes. Ask participant to write down or suggest something she is willing to do to keep her weight gain on track.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Refer to Food Stamps, Food Pantry, etc., if: insufficient food or resources for food.</p> <p>Resources:</p> <ul style="list-style-type: none"> • To the Pregnant Woman Who is not Gaining Enough Weight [13-78] • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] • Magnetic Board with puzzle pieces illustrating components of weight gain during pregnancy. <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 6, Maternal Nutrition: Gestational Weight Gain [06-10110] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>133 High Maternal Weight Gain</p> <p>In current pregnancy, has gained 7 lbs. or more per month in any trimester (singleton pregnancy)</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • overconsumption of foods and/or beverages • inactivity • genetic disorders • family history of obesity • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review appropriate weight gain goal using the prenatal weight gain chart and discuss the client's current weight gain as it relates to that goal. • Reinforce any special diet instructions from the participant's health care provider. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating moderate serving sizes. - including plenty of fresh fruits and vegetables. - using low-fat cooking methods and ingredients. - avoiding fried foods, high-fat foods and empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). - drinking fat-free or reduced-fat milk. • Suggest increasing activity level, with physician's approval. Suggest moderate activities or exercises, such as taking a daily walk. • If the participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. • Gaining too much weight during pregnancy can lead to complications during pregnancy and delivery. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the participant's prenatal weight gain chart and diet recall into the counseling session, and use food models to show appropriate serving sizes. Ask participant to write down or suggest something she is willing to do to avoid gaining excess weight during her pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • To the Pregnant Woman Who is Gaining Too Much Weight [13-77] • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Low-Fat Milk: Answers to Your Questions [13-19, 13-19(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 6, Maternal Nutrition: Gestational Weight Gain [06-10110] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>201 Low Hematocrit/Low Hemoglobin</p> <p>1st trimester (0 - 13 weeks): Hct: <33.0% or Hgb: <11.0 g/dL</p> <p>2nd trimester (14 - 26 weeks): Hct: <32.0% or Hgb: <10.5 g/dL</p> <p>3rd trimester (27 - 40 weeks): Hct: <33.0% or Hgb: <11.0 g/dL</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient iron in the diet • underweight • excessive coffee, tea or milk consumption • not taking or not tolerating prenatal vitamins • recent illness or chronic medical condition • common problems of pregnancy that impact diet (nausea, vomiting, heartburn, etc.) • pica <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Explain that if left untreated, low iron stores can make a person feel tired and weak, plus it can have a negative impact on the infant's weight and health. • If physician has prescribed an iron supplement, discuss the importance of taking the prescribed dosage on a consistent basis. If participant feels the iron supplements are causing nausea, a decreased appetite and/or constipation, suggest taking the supplement before bed or between meals, or suggest that she talk with her health care provider. • Reinforce any special diet instructions from the participant's health care provider. Identify areas of the diet that need attention and make appropriate suggestions, such as: <ul style="list-style-type: none"> - consuming iron-rich foods (see Appendix C). Note: the body absorbs the type of iron in meats better than the type of iron found in plant foods. - consuming sources of vitamin C along with sources of iron, because foods high in vitamin C help the body absorb iron (see Appendix D). - avoiding coffee and tea during meals. Tea and coffee, even decaffeinated, contain tannic acid, which limits iron absorption. - cooking acidic foods, such as tomato sauce, in cast-iron cookware, to add iron to the food. • Iron deficiency in pregnant women is sometimes associated with pica (eating non-food substances). Ask participant about cravings and eating non-food substances such as starch, clay, dirt, etc. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Ask her to identify iron-rich and vitamin C-rich foods that she can include in her diet. Ask participant to state one thing she is willing to do to improve her iron status.</i></p>	<p>Follow local agency protocol for referral to doctor or clinic and rechecks.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Prevent Anemia With Iron-Rich Foods [13-67, 13-67(a)] • Foods with Iron [1-89] • Vitamin C Foods [1-38] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 11, Iron Deficiency [06-10104] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>211 Lead Poisoning</p> <p>Blood lead level of ≥ 10 mcg/dL within the past 12 months</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • anemia • pica • poor diet • insufficient resources for food • use of dishware/cookware with lead-based glazes <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - consuming an adequate number of servings from each food group because eating a balanced diet decreases lead absorption. - consuming foods high in iron and calcium, which helps to decrease lead absorption (see Appendix C). - eating vitamin C-rich foods with iron-rich foods to increase iron absorption (see Appendix D). - using iron or cast-iron cookware to increase the amount of iron in the foods. - preparing foods to decrease lead absorption (see Get the Lead Out: Intervention [1-301, 1-301(a)]). • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Explain that lead crosses the placenta and can have a detrimental impact on a developing fetus. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall into the counseling session. If the diet reflects low iron and/or calcium intake, ask participant to state one way she can add more calcium and/or iron to her diet.</i></p>	<p>Refer to doctor or clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Get the Lead Out: Intervention [1-301, 1-301(a)] • Get the Lead Out: Prevention [1-302, 1-302(a)] • Get the Lead Out: Renovation [1-303, 1-303(a)] • Foods with Iron [1-89] • Calcium [13-8, 13-8(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet - Lead Poisoning, No. 10 • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>301 Hyperemesis Gravidarum</p> <p>Severe nausea and vomiting to the extent that the woman becomes dehydrated and acidotic.</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Reinforce any special diet instructions from the participant's health care provider. • Offer suggestions for dealing with nausea, such as: <ul style="list-style-type: none"> - avoiding fried or greasy foods. - avoiding cooking odors and other smells to the extent possible - open a window or turn on a fan. For some women, the scent of sliced lemon can counteract other smells and help relieve nausea. - eating crackers or dry cereal before getting out of bed in the morning. - avoiding large fluid intakes in the morning and drinking liquids between meals. - eating several small meals throughout the day instead of three large meals. - taking prenatal supplement at night or before bedtime. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If weight loss is a problem, discuss calorie-dense foods (see Appendix B). Also, for some women, drinking whole milk may be appropriate on a temporary basis, if tolerated. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. • Left untreated, this condition can lead to weight loss, severe dehydration and metabolic imbalances. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. If helpful, incorporate the diet recall into the counseling session.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Help for Common Problems During Pregnancy [13-172] • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • To the Pregnant Woman Who is not Gaining Enough Weight [13-78] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <p>Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>302 Gestational Diabetes in Current Pregnancy</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • gestational diabetes in previous pregnancies • history of large infant (≥ 9 pounds) • participant's pre-pregnancy and current weight status • excessive pregnancy weight gain • family history of diabetes <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • If participant has received special diet instructions from her health care provider, check to see if she understands them. If needed, refer participant to a physician or R.D. to address concerns related to gestational diabetes or her diet. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating regularly-spaced meals and snacks throughout the day (don't skip meals). - avoiding high-sugar foods such as soft drinks, fruit drinks, candies, frozen pops, etc. - eating a well-balanced diet, which includes plenty of high fiber foods. • If needed, review possible food-medication interactions. • Inform participant of the risk factors and early symptoms for Type 2 diabetes (see Appendix E). Women who have had gestational diabetes have an increased risk of developing Type 2 diabetes later in life. The risk is even higher if the woman belongs to an ethnic group with a higher prevalence of Type 2 diabetes (Hispanic, African American, and Native American). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. • Left untreated, gestational diabetes can be a serious problem for both the mother and the fetus. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Help her to set goals and identify something she is willing to do to improve her diet.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Could You Have Diabetes? [10-27, 10-27(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.12, Gestational Diabetes • <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, MS, RD, FADA • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>303 History of Gestational Diabetes</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • history of large infant (≥ 9 pounds) • history of pre-pregnancy overweight • family history of diabetes <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Explain that women with a history of gestational diabetes tend to develop gestational diabetes in subsequent pregnancies, and it's often more severe with each pregnancy. All pregnant women are screened for gestational diabetes (typically between the 24th and 28th week), so emphasize the importance of keeping her prenatal appointments. • Describe the symptoms of gestational diabetes (excessive thirst, increased urination, and huge appetite) and advise her to contact her health care provider regarding any signs that might be related to gestational diabetes. See Appendix F for more on risk factors and symptoms. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Reinforce any special diet instructions from her health care provider. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating a well-balanced diet, including fresh fruits, vegetables and high-fiber foods. - eating regularly-spaced meals and snacks throughout the day (don't skip meals). - avoiding high-sugar foods such as soft drinks, fruit drinks, candies, frozen pops, etc. • Suggest increasing activity level (daily walks, etc.), with physician's approval. • Not only is participant at risk of developing gestational diabetes in current pregnancy, but she also has an increased risk of developing Type 2 diabetes later in life. Inform participant of the risk factors, early symptoms and prevention strategies for Type 2 diabetes (see Appendix E). • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor. If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • If gestational diabetes develops and is left untreated, it can be a serious problem for the mother and the fetus. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Ask her to state at least two symptoms of gestational diabetes to be aware of during her current pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Could You Have Diabetes? [10-27, 10-27(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.12, Gestational Diabetes • <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA • Appendices

Topic/Risk Condition	Counseling Information (for codes 311, 312 and 321)	Referral Information and Resources (for codes 311, 312 and 321)
<p> 311 History of Preterm Delivery ≤37 weeks gestation </p> <p> 312 History of Low Birth Weight Infant Weighed ≤5 lbs., 8 oz. (≤2500 grams) </p> <p> 321 History of Fetal Death (20 weeks or greater gestation) </p> <p> History of Neonatal Death (28 days or less of life) </p> <p> History of Two or more Spontaneous Abortions (miscarriages) </p>	<p> <i>Note: A participant who has experienced any of these outcomes with a previous delivery may feel like she did something to cause the situation. This woman will most likely need extra support, understanding and reassurance during subsequent pregnancies.</i> </p> <p> Review health history and diet for contributing factors: <ul style="list-style-type: none"> • underweight prior to pregnancy • inadequate weight gain during pregnancy • teenage participant • participant over age 40 • previous premature or low birth weight infant • smoker • other substance abuse </p> <p> Counseling Topics and Considerations: <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. </p> <p> ***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i> </p>	<p> Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>. </p> <p> If participant smokes or abuses drugs or alcohol: refer to a doctor, social services, or a smoking cessation or drug/alcohol rehabilitation program. </p> <p> Resources: <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] </p> <p> Staff Resources: Appendices </p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>331 Pregnancy at a Young Age</p> <p>Conception at 17 years or younger (current pregnancy)</p>	<p><i>Note: It is very important to be sensitive, encouraging and non-judgmental toward teens. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following risk code 903.</i></p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Nutritional support is especially important for teen participants. Not only are they are still growing, but many also have concerns about weight and body image. What’s more, many adolescents are underweight prior to pregnancy, so intake and weight gain are even more important in those cases. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating appropriate serving sizes and adequate servings from each group. In addition to needing extra calories for pregnancy, teens need additional calories to sustain normal growth during adolescent years. - eating fewer empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). - eating plenty of foods containing calcium (see Appendix C). A pregnant participant under age 19 needs even more calcium because she is still increasing her bone density. • Reinforce importance of appropriate weight gain for a healthy baby. If participant seems reluctant about gaining weight, remind her that weight gain is due to not only the baby, but also increased blood volume, breast tissue, fat stores, and amniotic fluid. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Other referrals: Pregnancy, Education, and Parenting (PEP) program or other school-based parenting programs</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] • Let’s Talk About...Teen Moms and Breastfeeding [13-102, 13-102(a)] • Magnetic Board with puzzle pieces illustrating components of weight gain during pregnancy

Topic/Risk Condition	Counseling Information	Referral Information and Resources												
<p>332 Closely Spaced Pregnancies</p> <p>Conception before 16 months postpartum (current pregnancy)</p> <p>333 High Parity and Young Age</p> <p>Woman, younger than 20 years at conception of current pregnancy, who has had three or more previous pregnancies of ≥20 weeks duration, regardless of outcome.</p>	<p><i>Note for risk code 333: It is very important to be sensitive, encouraging and non-judgmental toward teens. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following risk code 903.</i></p> <p>Counseling Topics and Considerations for codes 332 and 333:</p> <ul style="list-style-type: none">• Reinforce what participant is doing right.• Use the prenatal weight gain chart to review weight gain goal and current weight gain status.• Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A) and make appropriate suggestions. Adequate nutrition is important to replenish nutrients that were depleted during the previous pregnancy.• If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider.• Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments.• Women with closely spaced or numerous pregnancies have an increased risk of delivering a low-birth weight baby. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none">• Eating for You and a Healthy Baby Too! [13-197, 13-197(a)]• Help for Common Problems During Pregnancy [13-172]• Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>												
<p>334 Lack of or Inadequate Prenatal Care</p> <p>Prenatal care starting after the 13th week</p> <p>OR</p> <table><tr><td>Weeks <u>Gestation</u></td><td># Prenatal <u>Visits</u></td></tr><tr><td>14-21</td><td>0 or unknown</td></tr><tr><td>22-29</td><td>1 or less</td></tr><tr><td>30-31</td><td>2 or less</td></tr><tr><td>32-33</td><td>3 or less</td></tr><tr><td>34 or more</td><td>4 or less</td></tr></table>	Weeks <u>Gestation</u>	# Prenatal <u>Visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none">• No health insurance• Unplanned pregnancy/denial <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none">• Reinforce what participant is doing right.• The goal should be to refer participant to clinic or other health care provider for prenatal care.• Use the prenatal weight gain chart to review weight gain goal and current weight gain status.• Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions.• If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with a health care provider.• Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments.• Women who do not receive early and adequate prenatal care are more likely to deliver premature, growth retarded or low-birth weight infants. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none">• Eating for You and a Healthy Baby Too! [13-197, 13-197(a)]• Help for Common Problems During Pregnancy [13-172]• Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>
Weeks <u>Gestation</u>	# Prenatal <u>Visits</u>													
14-21	0 or unknown													
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30-31	2 or less													
32-33	3 or less													
34 or more	4 or less													

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>335 Multi-Fetal Gestation in Current Pregnancy</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • These women should expect greater weight gain than women with singleton pregnancies. There are currently no standard weight gain guidelines for multifetal gestation, so refer the participant to her health care provider for specific weight gain recommendations. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Women carrying more than one fetus have greater requirements for all nutrients compared to women with only one fetus. Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating adequate portions and an appropriate number of servings from each food group. - eating plenty of calorie-dense foods (see Appendix B). - eating fewer empty-calorie foods (soft drinks, fruit drinks, candies, frozen pops, etc.). - for some women, drinking whole milk may be appropriate on a temporary basis. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant to take prenatal vitamins as prescribed and keep all prenatal appointments. • Women with this risk code who do not receive early and adequate prenatal care are more likely to deliver premature, growth retarded or low-birth weight infants. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] • Nursing More Than One [13-06-11289, 13-06-11289(a)] <p>Staff Resources: Appendices</p>
<p>336 Fetal Growth Restriction (FGR)</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • birth interval • maternal smoking • pre-pregnancy underweight or inadequate weight gain during pregnancy • restrictive diet or unusual eating habits, behaviors <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant to take prenatal vitamins as prescribed and keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>If needed: refer to a doctor or smoking cessation program.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>337 History of Birth of a Large for Gestational Age Infant</p> <p>Any history of birth of an infant weighing ≥ 9 lbs. (≥ 4000 grams), or $\geq 90^{\text{th}}$ percentile weight for gestational age</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • gestational diabetes in previous pregnancies • excessive pregnancy weight gain • history of spontaneous abortions • previous unexplained stillbirth <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A) and make appropriate suggestions. • Giving birth to a large infant may be an indicator of diabetes or a predictor of future diabetes. Inform the participant of the early symptoms of both gestational diabetes and Type 2 diabetes (see Appendices E and F). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if:</p> <ul style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • if participant is experiencing any symptoms of diabetes (see Appendix E). <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Could You Have Diabetes? [10-27, 10-27(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.12, Gestational Diabetes [06-10252] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>338 Pregnant Woman Currently Breastfeeding</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Reassure participant that it is possible to continue nursing during her pregnancy. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Make participant aware of these issues related to nursing during a pregnancy: <ul style="list-style-type: none"> - Many children wean during pregnancy. This is probably due to changes in the flavor of the breastmilk, resulting from hormonal changes during pregnancy. - Many pregnant women experience nipple soreness and tenderness during pregnancy. - Pregnancy hormones generally cause a decrease in milk production. - The woman may experience uterine contractions stimulated by breastfeeding. These contractions usually pose no danger to the fetus and generally do not increase the risk of premature delivery. If the participant is at risk for miscarriage or spotting, she should discuss her breastfeeding options with her doctor or a lactation consultant. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Emphasize the importance of nutrition to support both the pregnancy and breastfeeding. Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating adequate serving sizes and an adequate number of servings from each group. - eating plenty of nutrient-dense foods (see Appendix B). - eating fewer empty-calorie foods. - if weight loss or insufficient weight gain is a problem, discuss calorie-dense foods (see Appendix B). Also, for some women, drinking whole milk may be appropriate on a temporary basis. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about breastfeeding during her pregnancy. Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to Peer Counselor or Lactation Specialist if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] <p>Staff Resources:</p> <ul style="list-style-type: none"> • <i>La Leche League Breastfeeding Answerbook</i> • <i>Breastfeeding Kardex: Guidance for Counseling the Breastfeeding Mom</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>339 History of Birth with Nutrition-Related Birth Defect</p> <p>Inappropriate nutritional intake (e.g., inadequate zinc, folic acid, or excess vitamin A)</p>	<p><i>Note: A participant who has had an infant born with a birth defect may feel like she did something to cause the defect. This woman may need extra support, understanding and reassurance during subsequent pregnancies.</i></p> <p>Review health history and diet for contributing factors: Excessive or inadequate vitamin/mineral supplementation, either before conception or during pregnancy.</p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Reinforce any special diet instructions from the participant's health care provider, including instructions about vitamin or mineral supplements. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • A woman who has had a baby with a neural tube defect (NTD) should be taking a much higher dose of folic acid to prevent future NTDs. She needs to follow her doctor's advice on the use of folic acid supplements. Multivitamins and highly-fortified cereals are the best sources of folic acid (see Appendix D). Also, refer to the folic acid information in the "Other Topics" section following risk code 903. • Inadequate intakes of zinc have been linked to birth defects. Meat, poultry and black-eye peas are excellent sources of zinc. • Excessive intakes of vitamin A can cause birth defects, especially early in pregnancy. Some dietary supplements contain levels of vitamin A that might be harmful, so participants should only take supplements as directed by their physician. • Pregnant women should not take the prescription acne medication Accutane[®] because it can result in severe birth defects if used during pregnancy. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Help the participant set goals to improve her diet.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Folic Acid [13-173] • Foods with Folic Acid For Women [1-205(a)] • Folic Acid is Important for All Women [1-202] • Women, Get Folic Acid From Your Food [1-204(a)] • WIC For You - Folic Acid Helps Prevent Birth Defects, Vol.8/Issue 6 • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.17, Folic Acid and Women of Childbearing Age [06-10411] • Appendices

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 272 331 298">341</p> <p data-bbox="142 310 495 336">Nutrient Deficiency Diseases</p> <p data-bbox="142 342 464 368">Includes, but not limited to:</p> <ul data-bbox="149 396 338 565" style="list-style-type: none"> • malnutrition • scurvy • rickets • hypocalcemia • osteomalacia <p data-bbox="289 670 331 696">342</p> <p data-bbox="142 704 453 730">Gastrointestinal Diseases</p> <p data-bbox="142 737 464 763">Includes, but not limited to:</p> <ul data-bbox="149 790 478 1031" style="list-style-type: none"> • ulcers • liver diseases • gallbladder diseases • malabsorption syndromes • bowel diseases • pancreatitis • GER <p data-bbox="289 1105 331 1131">343</p> <p data-bbox="142 1140 359 1166">Diabetes Mellitus</p> <p data-bbox="142 1172 443 1232">Either Type 1 Diabetes or Type 2 Diabetes</p>	<p data-bbox="730 282 1108 342">Counseling and Referral Notes for Codes 341, 342, 343:</p> <ul data-bbox="772 363 1986 1377" style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul data-bbox="919 496 1671 591" style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling and Referral Information
<p>344 Thyroid Disorders</p> <p>345 Hypertension – refers to both chronic and pregnancy-induced hypertension</p> <p>346 Renal Disease – does not include urinary-tract infections</p> <p>347 Cancer – refers to cancer that is severe enough to affect nutritional status</p> <p>348 Central Nervous System Disorders Includes, but not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy • multiple sclerosis • Parkinson’s Disease • spina bifida 	<p>Counseling and Referral Notes for Codes 344, 345, 346, 347, and 348:</p> <ul style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="296 272 342 297">349</p> <p data-bbox="142 306 567 334">Genetic and Congenital Disorders</p> <p data-bbox="142 341 464 368">Includes, but not limited to:</p> <ul data-bbox="149 391 636 561" style="list-style-type: none"> • cleft lip or palate • Down's syndrome • thalassemia major • muscular dystrophy • sickle-cell anemia (not sickle-cell trait) <p data-bbox="296 659 342 683">351</p> <p data-bbox="142 693 506 721">Inborn Errors of Metabolism</p> <p data-bbox="142 727 464 755">Includes, but not limited to:</p> <ul data-bbox="149 777 428 878" style="list-style-type: none"> • PKU • hyperlipoproteinemia • galactosemia <p data-bbox="296 976 342 1000">352</p> <p data-bbox="142 1010 669 1037">Infectious Diseases within Past Six Months</p> <p data-bbox="142 1044 464 1071">Includes, but not limited to:</p> <ul data-bbox="149 1094 636 1373" style="list-style-type: none"> • bronchiolitis (three episodes in the past six months) • TB • pneumonia • meningitis • parasitic infections • HIV or AIDS • hepatitis 	<p data-bbox="726 272 1108 334">Counseling and Referral Notes for Codes 349, 351 and 352</p> <ul data-bbox="772 341 1986 1357" style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul data-bbox="919 475 1671 573" style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="142 310 653 407">353 Food Allergy – Wheat, eggs, milk, corn, or peanuts</p> <p data-bbox="142 477 583 574">354 Celiac Disease – Celiac sprue, gluten enteropathy or nontropical sprue</p>	<p data-bbox="726 310 1108 370">Counseling and Referral Notes for Codes 353 and 354:</p> <ul data-bbox="772 386 1990 1403" style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul data-bbox="919 521 1675 618" style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>355 Lactose Intolerance</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • recent gastrointestinal illness • chronic medical conditions • use of medications or herbal medicinals • eating dairy foods or foods made with milk that cause symptoms • ethnic background <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Reinforce any special diet instructions from the participant's health care provider, including instructions about vitamin or mineral supplements. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Emphasize non-dairy calcium sources to help maintain calcium intake during pregnancy (see Appendix C). • If participant tolerates small amounts of lactose, recommend small servings of dairy products including milk, yogurt, cheese and foods made with milk (soups, pancakes, casseroles, etc.). • Emphasize the importance of calcium during pregnancy. If a pregnant woman doesn't get enough calcium, her body will take calcium from her bones in order to meet the baby's needs. This leaves her bones weaker and more prone to osteoporosis. Being lactose intolerant means that she needs to pay special attention to her calcium intake. • Consider issuing a lactose-reduced food package, based on the severity of the intolerance and the participant's preference. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, weight gain or eating habits during pregnancy. Incorporate the diet recall into the counseling session. Ask her to identify calcium-rich foods in the recall and have her suggest at least one other source of calcium she can include in her diet.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Calcium [13-8, 13-8(a)] • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 5, Lactose Intolerance • Appendices

Topic/Risk Condition	Counseling and Referral Information
<p>356 Hypoglycemia – A low level of glucose in the blood, usually a complication of diabetes.</p> <p>357 Drug-Nutrient Interactions – Some medications can affect the absorption and metabolism of various nutrients.</p> <p>358 Eating Disorders – Anorexia nervosa and bulimia.</p> <p>359 Recent Major Surgery, Trauma, Burns in Past Two Months – Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician.</p> <p>360 Other Medical Conditions Includes, but not limited to:</p> <ul style="list-style-type: none"> • cardiorespiratory diseases • heart disease • cystic fibrosis • cardiorespiratory disease • persistent asthma • lupus erythematosus 	<p>Counseling and Referral Notes for Codes 356, 357, 358, 359, 360, and 361:</p> <ul style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.
<p>361 Clinical Depression</p>	<p><u>Additional Counseling Note For Code 361 (Clinical Depression)</u> Decreased appetite is a common symptom of clinical depression, so be sure to encourage the participant to eat nutrient-dense foods and snacks (see Appendix B). Also, refer participant to other appropriate health care and social service programs that offer assistance for clinical depression.</p>

Topic/Risk Condition	Counseling and Referral Information
<p style="text-align: center;">362</p> <p>Developmental Delays, Sensory or Motor Delays Interfering with the ability to eat</p> <p>Disabilities that restrict the ability to chew or swallow food or require tube-feeding to meet nutritional needs. Includes, but not limited to:</p> <ul style="list-style-type: none"> • minimal brain function • developmental disability such as pervasive developmental disorder (PDD) which includes autism • brain damage • head trauma • birth injury 	<p>Counseling and Referral Notes for Code 362:</p> <ul style="list-style-type: none"> • Pregnant women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for prenatal clients: <ul style="list-style-type: none"> - Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] - Help for Common Problems During Pregnancy [13-172] - Thinking About the Baby? Think About Breastfeeding [13-14] • If you are not an R.D., determine if clients have any specific nutrition questions/problems requiring referral. If so, refer them to a physician or R.D. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • If a medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • Hormonal changes during pregnancy can sometimes affect a medical condition (in either a negative or positive way). Advise participants to talk to their physician about changes in their condition or questions about their medications. • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>371 Maternal Smoking Any current daily smoking of tobacco products</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Maternal smoking can cause serious complications including premature separation of the placenta (a life-threatening condition for the fetus), pre-term delivery and fetal growth retardation. • While the ideal goal is for the participant to entirely quit smoking, the participant may be unreceptive or claim that she's been unable to quit. Suggest she cut down on the number of cigarettes she smokes per day. Helpful information: <ul style="list-style-type: none"> - the fewer cigarettes the participant smokes, the less chance there will be of smoking related problems for her and her baby. - by stopping or cutting back significantly before the third trimester, she increases the chances of her baby being born at a normal weight. - evidence suggests babies born to mothers who smoked during pregnancy are more likely to smoke when they grow up. • For participants who want to quit smoking or to cut back, refer them to the American Cancer Society "Great Start" phone number, which offers materials and phone counseling specifically for pregnant smokers, 1-866-667-8278. • Be sure to ask about drugs and alcohol, because women who smoke during pregnancy are more likely to also drink alcohol and use other drugs. Emphasize that she can help her baby and herself by making changes in her lifestyle. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (in Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant about her smoking (times of day she smokes, situations or emotions that prompt her to smoke, etc.). Help her set a goal for reducing the number of cigarettes she smokes per day and have her suggest two things she could do instead of smoking. Ask participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to Smoking Cessation Program</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>American Cancer Society "Great Start" line for pregnant smokers, 1-866-667-8278</p> <p>Resources:</p> <ul style="list-style-type: none"> • Ten Best Reasons Not to Smoke While You're Pregnant (order on the WIC Materials Order Form) • WIC For You - Tobacco Hurts Unborn, Newborn, Kids and Mom, Vol.10/Issue 1 • Healthy Moms, Healthy Kids/ Madres Sanas, Ninos Sanos (order on the WIC Materials Order Form) • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • American Cancer Society toll free number: 1-800-227-2345 • TDH Office of Tobacco Prevention: http://www.tdh.state.tx.us/otpc/resources.htm

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>372 Alcohol</p> <p>Any alcohol use in current pregnancy.</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Emphasize that drinking alcoholic beverages during pregnancy can lead to very serious complications for her baby, such as birth defects, mental retardation, low birth weight and reduced growth rate. • Alcohol has the potential to damage the fetus at every stage of the pregnancy: <ul style="list-style-type: none"> - 1st trimester – physical abnormalities - 2nd trimester – increased risk of miscarriage - 3rd trimester – growth retardation • The safest recommendation is not to drink any alcoholic beverages during pregnancy. The more the participant drinks, the greater the risks are for her baby. However, the sooner she stops drinking or cuts back, the better the chances are that the baby will be born at a normal weight with minimal physical damages. It's never too late to stop drinking during pregnancy. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (in Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant if she's thought about how drinking alcohol affects her baby. Find out if she is interested in a program to help her stop using alcohol. Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to Social Services or appropriate alcohol rehabilitation program if:</p> <ul style="list-style-type: none"> • participant is currently consuming alcohol • available and deemed appropriate <p>Texas Commission on Alcohol and Drug Abuse, toll free, 1-877-966-3784 (to find treatment programs your area)</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • WIC for You: To Have a Healthy Baby..., Volume 7/Number 5 • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>373 Any Illegal Drug Use in Current Pregnancy</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • In some cases, being pregnant is the one factor that will motivate a woman to seek help. Emphasize that drugs, including marijuana, cocaine and heroin, can have devastating effects on the participant and her unborn baby. The baby may be born addicted to the drugs that the mother was taking during the pregnancy. • The safest recommendation is to abstain from all illegal drugs. • Consider the possibility that the participant is also drinking alcohol and smoking. Find out if she smokes and/or drinks alcoholic beverages, including beer, and how much. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (in Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Find out if she is interested in a program to help her stop using illegal drugs. Ask participant what concerns she has about her diet, eating habits, or weight gain.</i></p>	<p>Refer to doctor or substance abuse counselor.</p> <p>Texas Commission on Alcohol and Drug Abuse, toll free, 1-877-966-3784 (to find treatment programs your area)</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>381 Dental Problems</p> <p>Gingivitis of pregnancy, periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • inappropriate snacks/beverages • lack of dental care/hygiene • injury to teeth/mouth • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Dental problems in pregnant women are associated with a number of complications including pre-term labor, premature rupture of the membranes and low birth weight. What's more, the bacteria that causes tooth decay can be passed from the mother to the infant, so it's important to deal with dental problems before the baby is born. • Stress the importance of seeing a dentist to help avoid complications during pregnancy, and to avoid further dental problems for the participant, such as tooth loss. • Encourage daily brushing and flossing. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> -eating healthy snacks that don't stick to teeth, such as fresh fruits and vegetables, eggs, cheese, cottage cheese, and plain yogurt with fruit. -avoiding foods lead to decay, especially foods that stick to the teeth and/or are high in sugar. These include, but aren't limited to: caramels, chocolates and other candies; peanut butter with added sugar; fruit drinks; doughnuts; sugar-coated cereals; and soft drinks. • If pain related to tooth decay is affecting intake, ask the participant what foods, textures or temperatures of foods bother her. Softer foods or foods at room temperature may be easier to manage. Emphasize to the participant that eating a healthy diet is important for her developing baby. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her eating habits, weight gain or dental health. Incorporate the diet recall into the counseling session. Ask participant to write down or suggest one or two things she is willing to do to improve her intake and/or dental health.</i></p>	<p>Refer to dentist or clinic if</p> <ul style="list-style-type: none"> • participant has not had a dental check-up during her pregnancy. • participant's ability to eat or chew is limited due to dental problems. <p>Contact your Regional Dental Program for information on area dental care services and coverage (go to http://www.tdh.state.tx.us/dental/regions.htm)</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Thinking About the Baby? Think About Breastfeeding [13-14] • Help for Common Problems During Pregnancy [13-172]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="178 228 333 289">402 Vegan Diets</p> <p data-bbox="121 329 390 423">No meat, poultry, fish, eggs, milk, cheese, or other dairy products</p>	<p data-bbox="426 228 1052 256">Review health history and history of vegan intake:</p> <ul data-bbox="453 264 1562 431" style="list-style-type: none"> • long-term vegan (was eating a vegan diet prior to her pregnancy) • following a fad diet • recently began a vegan diet for pregnancy • recently began a vegan diet as a reaction to common problems of pregnancy such as morning sickness, nausea, heartburn, etc. <p data-bbox="426 472 915 500">Counseling Topics and Considerations:</p> <ul data-bbox="453 508 1562 948" style="list-style-type: none"> • Reinforce what participant is doing right. • A vegan diet needs to be planned carefully to assure the participant receives all nutrients needed for good health as well as proper fetal growth and development. These nutrients include calories, vitamin B12, vitamin D, calcium, iron, zinc, protein and essential amino acids. Refer to Appendix G to help participant find sources of nutrients that may be deficient in her diet. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (in Appendix A). Keep in mind special vegan dietary restrictions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p data-bbox="426 989 816 1016">***Making the Connection***</p> <p data-bbox="453 1024 1503 1081"><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. If needed, ask her to identify something she is willing to do to improve her intake.</i></p>	<p data-bbox="1593 261 1976 391">Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 464 1923 558">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 631 1730 659">Resources:</p> <ul data-bbox="1593 667 1986 902" style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p data-bbox="1593 972 1803 1000">Staff Resources:</p> <ul data-bbox="1593 1008 1986 1102" style="list-style-type: none"> • Basic Nutrition Module (Stock No. 13-33) • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>403 Highly Restrictive Diets</p> <p>Very low in calories or involving high-risk eating patterns</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • insufficient resources for food • participant is misinformed or following a fad diet • participant is trying to lose weight • eating disorder • self-imposed restriction in response to a medical condition • common problems of pregnancy (morning sickness, nausea, vomiting, heartburn. etc.) • cultural/religious practices <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Reinforce any special diet instructions from the participant’s health care provider, including instructions about vitamin or mineral supplements. • Explore the reasons for the restriction. Remind participant that she and her baby both need specific nutrients to grow and develop. The key to getting these nutrients is eating a balanced variety of foods from all food groups. • If participant reveals high-risk eating habits requiring referral, refer her to an R.D. • If participant’s restriction is self-imposed as a way to treat or prevent a medical condition, refer her to her health care provider. • If participant seems reluctant about gaining weight, emphasize that not gaining enough weight during the 2nd and 3rd trimesters can have a negative impact on the baby’s growth and birth weight. Also, review different components of weight gain during pregnancy (baby, breast tissue, blood volume, body fluid, uterus, placenta, amniotic fluid). • If needed, review strategies for dealing with common problems of pregnancy that impact diet (refer to the “Other Topics” section following Risk Code 903). • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A), and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Use food models to show appropriate serving sizes. Ask participant to state one thing she is willing to do to try to improve her intake.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Magnetic Board with puzzle pieces illustrating components of weight gain during pregnancy • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>421 Pica</p> <p>Includes, but not limited to eating clay, dirt, baking soda, starch, ashes, paint chips or large quantities of ice</p>	<p><i>Note: The exact causes of pica are not known, and it's likely that many cases of pica are due to a number of factors. In the U.S., research suggests that about 20% of pregnant women are at high-risk for pica. This high-risk group includes women who are African-American, women in lower socio-economic groups, those who live in rural areas, and women without strong support networks.</i></p> <p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • family or cultural practices • psychological disorders (such as obsessive-compulsive behavior) • common problems of pregnancy (morning sickness, nausea, vomiting, heartburn, etc.) • nutrient deficiency or hormonal fluctuations <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Explain that eating paint chips, starch, dirt, clay or other similar substances can affect the outcome of her pregnancy. Also, such practices can displace nutritious foods and cause serious problems such as lead poisoning, anemia, small bowel obstruction, and infections from parasites. • If needed, review strategies for dealing with common problems of pregnancy that impact diet (morning sickness, nausea, vomiting, heartburn). Refer to the “Other Topics” section following Risk Code 903. • Reinforce any special diet instructions from the participant’s health care provider, including instructions about vitamin or mineral supplements. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A), and make appropriate suggestions. Encourage participant to talk to her doctor about cravings for non-food substances. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall into the counseling session. Ask participant to identify two potential risks associated with pica.</i></p>	<p>Refer to doctor, clinic if:</p> <ul style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • participant has not previously told her health care provider about the pica. <p>Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Foods with Iron [1-89] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>422 Inadequate Diet</p> <p>Three or more deficiencies</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient resources for food • participant misinformed or following a fad diet • recent illness • dental problems • common problems of pregnancy that impact diet (morning sickness, nausea, vomiting, heartburn) • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A), and make appropriate suggestions. • Remind participant that food does much more than satisfy hunger. Her body needs specific nutrients to help her baby grow and develop. The key to getting these nutrients is eating a balanced variety of foods from all the food groups. • If necessary, review strategies for dealing with common problems of pregnancy that impact diet (morning sickness, nausea, vomiting, heartburn). Refer to the “Other Topics” section following risk code 903. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall into the counseling session, and use food models to show appropriate serving sizes. Ask participant to write down or suggest something she is willing to do to improve her intake.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>423 Inappropriate or Excessive Intake of Dietary Supplements</p> <p>Includes vitamins, minerals and herbal remedies</p> <p>(This code does not apply to the regular use of a daily multivitamin-mineral supplement.)</p>	<p><i>Note: The Food and Drug Administration does not approve herbal preparations and over-the-counter supplements before they are sold. Some supplements can be toxic to both the participant and her developing baby, and they can cause harmful nutrient and/or drug interactions.</i></p> <p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient resources for food • participant misinformed or following a fad diet • recent illness • common problems of pregnancy (morning sickness, nausea, vomiting, heartburn) • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • If a physician has prescribed a vitamin or mineral supplement, verify that participant is clear about the dosage and frequency. Participant should only take the amount prescribed or recommended by doctor. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A), and make appropriate suggestions. Emphasize that getting nutrients from actual foods is a safe and balanced way to help her body and her growing baby during pregnancy. • Advise participant to talk with her doctor before taking any type of vitamin, mineral or herbal supplement. • Some cultures commonly use herbal teas to treat gastrointestinal problems. WIC does not generally recommend this practice, since there are a number of issues/cautions related to using herbal teas. For more information, refer to Nutrition Fact Sheet No. 9, Herbal Teas. • If necessary, review strategies for dealing with common problems of pregnancy that impact diet (morning sickness, nausea, vomiting, heartburn). Refer to the “Other Topics” section following Risk Code 903. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall into the counseling session, focusing on healthy foods that the participant ate, and emphasizing the importance of getting nutrients from a healthy, balanced diet rather than supplements.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 9, Herbal Teas • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>424</p> <p>Inadequate Vitamin/Mineral Supplementation</p> <p>Not taking 30 mg of iron daily</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • participant misinformed or following a fad diet • insufficient resources for supplements • participant not tolerating supplements • common problems of pregnancy (morning sickness, nausea, vomiting, heartburn) • chronic medical conditions • participant not taking supplements as prescribed (forgets, not motivated, etc.) <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • If a physician has prescribed or recommended a vitamin or mineral supplement, discuss taking the prescribed dosage on a consistent basis. If participant feels that the supplements are causing nausea, decreased appetite and/or constipation, suggest taking the supplement before bed or between meals, or suggest that she talk with her health care provider. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • Explain that her iron needs increase significantly during pregnancy due to increased blood volume. Inadequate iron can lead to anemia, which is associated with poor maternal weight gain, prematurity, low birth weight and infant mortality. • Stress that the supplements prescribed by her doctor are important for a healthy pregnancy; not only for her own body, but also for her growing baby. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to keep all prenatal appointments. <p>***Making the Connection***</p> <p><i>Incorporate the diet recall into the counseling session. Ask participant what concerns she has about her diet, eating habits, or weight gain. Ask participant to name at least one thing she will do to help assure adequate vitamin/mineral supplementation.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Prevent Anemia with Iron-Rich Foods [13-67, 13-67(a)] • Foods with Iron [1-89] • Vitamin C Foods [1-38] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 11, Iron Deficiency [06-10104] • Appendices

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>502 Transfer of Certification</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>
<p>801 Homelessness</p> <p>802 Migrancy</p>	<p>Counseling Topics and Considerations (for risk codes 801 and 802):</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to Social Services if: deemed appropriate.</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>901 Recipient of Abuse/Battering within Past Six Months</p>	<p>Counseling Topics and Considerations (for risk codes 801 and 802):</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to Social Services if appropriate.</p> <p>Refer to a shelter for battered women if there is current abuse or threat of abuse.</p> <p>National Domestic Violence Hotline: 1-800-799-7233. Provides crisis intervention and other information, including location of closest shelter(s).</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>902 Woman with Limited Ability to Make Feeding Decisions and /or Prepare Food</p> <p>Examples may include individuals who are:</p> <ul style="list-style-type: none"> • 17 years or younger • Mentally disabled or delayed, or mental illness such as clinical depression • Physical disability which restricts or limits ability to prepare food • Current use or history of abusing alcohol or other drugs 	<p><i>Note: It is very important to be sensitive, encouraging and non-judgmental toward teens. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following risk code 903.</i></p> <p>Counseling Topics and Considerations :</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant that it is important to take prenatal vitamins as prescribed by her doctor and to keep all prenatal appointments. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to Social Services if appropriate.</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>
<p>903 Foster Care During previous 6 months</p>	<p><i>Note: If talking with a teen, keep in mind that it is very important to be sensitive, encouraging and non-judgmental. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following this risk code.</i></p> <p>Counseling Topics and Considerations :</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Use the prenatal weight gain chart to review weight gain goal and current weight gain status. • Review the basics of a healthy diet, using the Food Guide Pyramid for Pregnant Women (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health care provider. • Remind participant and foster parent of the importance of taking prenatal vitamins and keeping all prenatal appointments. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Eating for You and a Healthy Baby Too! [13-197, 13-197(a)] • Help for Common Problems During Pregnancy [13-172] • Thinking About the Baby? Think About Breastfeeding [13-14] <p>Staff Resources: Appendices</p>

Topic	Counseling Information	Referral Information and Resources
Other Topics: Constipation	<p>Constipation during pregnancy is usually minor. Typically, it results from the intestinal muscles relaxing during pregnancy. Also, in late pregnancy, the fetus competes with the GI tract for space in the abdominal cavity, which can lead to constipation.</p> <p>Strategies for dealing with constipation during pregnancy:</p> <ul style="list-style-type: none"> • Consume more fluids (water, juice). • Consume more dietary fiber (whole wheat products, bran, fresh fruits and vegetables and dried fruits such as prunes). • Participate in doctor-approved exercise/activity. • Laxatives should be avoided. A pregnant woman shouldn't take any medications without doctor approval, even over-the-counter remedies. If the participant wants to take medications or supplements for constipation, recommend that she talk with her doctor. <p>***Making the Connection*** <i>Ask participant to name a couple of strategies for dealing with constipation that she thinks would work for her. Also ask if she has concerns or questions about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources: Help for Common Problems During Pregnancy [13-172]</p>
Other Topics: Heartburn	<p>Heartburn is a common discomfort of pregnancy. Heartburn during pregnancy results from the relaxation of lower esophageal muscles that allow stomach acid to reflux up into the esophagus, and from the uterus pushing up on the stomach.</p> <p>Strategies for dealing with constipation during pregnancy:</p> <ul style="list-style-type: none"> • Eat several small meals throughout the day instead of three large meals. • Eat slowly. • Avoid lying down after a meal. • Consume liquids between meals instead of with meals. • Eat less fat and avoid spicy foods. • In severe cases, talk to a doctor about medications. <p>***Making the Connection*** <i>Ask the participant to name a couple of strategies for dealing with heartburn that she thinks would work for her. Also ask if she has concerns or questions about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources: Help for Common Problems During Pregnancy [13-172]</p>

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Nausea and Vomiting/Morning Sickness</p>	<p>Morning sickness, though more common in the early part of the day, can occur any time during the day. This condition is thought to involve pregnancy-related hormones. Morning sickness, or nausea, usually stops after the first trimester.</p> <p>Strategies for dealing with nausea and vomiting/morning sickness during pregnancy:</p> <ul style="list-style-type: none"> • Avoid fried or greasy foods. • Avoid cooking odors and other smells to the extent possible - open a window or turn on a fan. For some women, the scent of sliced lemon can counteract other smells and help relieve nausea. • Try eating crackers or dry cereal before getting out of bed in the morning. • Avoid large fluid intakes in the morning and consume liquids between meals. • Eat several small meals throughout the day instead of three large meals. • Take prenatal supplement at night or before bedtime. • Talk to a doctor if nausea seems to be related to prenatal supplement. • If condition persists or develops into severe, prolonged, persistent vomiting, refer to physician. <p>***Making the Connection*** <i>Ask participant to name a couple of strategies for dealing with nausea and vomiting/morning sickness that she thinks would work for her. Also ask if she has concerns or questions about her eating habits, weight gain, or pregnancy.</i></p>	<p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources: Help for Common Problems During Pregnancy [13-172]</p>
<p>Other Topics: Folic Acid</p>	<p>Folic acid (or folate) can help prevent neural tube defects (NTDs), a class of birth defects involving the brain and spinal column. Up to 70% of NTDs can be prevented by consuming an adequate amount of folic acid daily throughout the childbearing years. While folic acid is important during pregnancy, it is most effective at preventing NTDs when taken prior to conception and during the first few weeks of pregnancy.</p> <p>Counseling Tips and Considerations:</p> <ul style="list-style-type: none"> • The recommended intake of folic acid during pregnancy is 600 mcg. per day. Daily multivitamin supplements typically supply 400 mcg. of folic acid, while prenatal vitamins often contain higher levels (800 – 1000 mcg.) Also, folic acid is available in a number of vegetables and fortified products (see Appendix D). • Stress the importance of taking prescribed prenatal supplements. • Review dosage of supplement and determine if participant is tolerating supplement. • Explain to the participant that a daily multivitamin supplement containing 400 mcg. of folic acid is recommended for all women of childbearing age, so she should continue to take a daily multivitamin supplement after the pregnancy. 	<p>Resources:</p> <ul style="list-style-type: none"> • Folic Acid [13-173] • Foods with Folic Acid For Women [1-205(a)] • Folic Acid is Important for All Women [1-202] • Women, Get Folic Acid From Your Food [1-204(a)] • WIC For You - Folic Acid Helps Prevent Birth Defects, Vol.8/Issue 6 <p>Staff Resources: Nutrition Fact Sheet No. 17, Folic Acid and Women of Childbearing Age [06-10411]</p>

Topic	Counseling Information	Referral Information and Resources
Other Topics: Tips for Counseling Teens	<p>Counseling Tips for Teens Teens are a special group of WIC participants that require some specific knowledge and counseling skills.</p> <ul style="list-style-type: none"> • Greet and call teens by their names each time you see them. • An attitude of acceptance is extremely important in teaching teens. They don't want to hear how they have "messed up" their lives by getting pregnant. Teens want to know what to do to have a healthy, happy baby. • If possible, counsel the teen individually, without friends or family present. (This may not be possible in all situations.) This allows a supportive, non-judgmental tone to be set. This may be one of the few times the teen gets individual attention separate from others. • Allow the teen choices when possible; this allows her to feel independent and that she is making her own decisions. • Teens often are not very interested in what an adult or health professional has to say. Allow the teen to offer her own ideas and suggestions before presenting information. Or, let her choose among several ideas or strategies you present. • Focus on positive changes that teens can make rather than a long list of things they can't do or eat. If a teen does need to make changes in her behavior, try to reach a compromise with her by suggesting she "cut down" instead of insisting that she "cut out" a food or behavior. 	<p>Refer to Pregnancy, Education, and Parenting (PEP) program or other school-based parenting programs</p>

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Breastfeeding</p>	<p>Pregnancy is an excellent time to talk to a woman about breastfeeding, since this is the time she starts making plans to feed and care for her infant. Research has shown that the earlier she gets information about breastfeeding, the more likely she is to choose to breastfeed.</p> <p>When talking with women about breastfeeding:</p> <ul style="list-style-type: none"> • first find out about the participant’s plans to feed her infant. Use open-ended questions to get the most information about her ideas, opinions, concerns, etc. • respond to barriers and provide encouragement, but avoid overwhelming the client with too much information, especially early in the pregnancy. <p>If a woman isn’t sure or has no plans to breastfeed, discuss the benefits of breastfeeding (see “Breastfeeding: the Best Choice” [13-84, 13-84a] or “Thinking About the Baby? Think About Breastfeeding” [13-14]). Benefits include:</p> <ul style="list-style-type: none"> • benefits to the baby (health and development benefits) • benefits to the mom (health and bonding benefits) • benefits to the family (convenient, no cost) <p>If a woman has specific concerns or misunderstandings about breastfeeding, respond to her questions and perceived barriers. See http://www.tdh.state.tx.us/wichd/bf/faqs.htm for one-page printable handouts addressing frequently-asked questions and common myths.</p> <p>If a woman plans to breastfeed,</p> <ul style="list-style-type: none"> • First gather more information: <ul style="list-style-type: none"> - What questions does she have about breastfeeding? - If she’s breastfed an infant before, what was her experience like? (This can help you learn about any concerns she may have; but do keep in mind that all babies are different, and mothers often have very different nursing experiences with different babies.) - Do her nipples stand out or protrude when stimulated? If not, her nipples are flat or inverted and she will need information breast shells. • Provide how-to information, as needed, on topics such as: <ul style="list-style-type: none"> - proper latch-on/basic positioning - nursing soon after delivery - feeding often and on-demand (avoiding scheduled feedings) - what to do when her milk comes in (dealing with engorgement) - choosing a nursing bra • Be sure to give the participant a phone number to call for breastfeeding information and encourage her to call with <i>any</i> questions at all, especially during the first few weeks of breastfeeding when it’s most likely she’ll have questions. 	<p>Texas Lactation Support Hotline: 1-800-514-6667</p> <p>Le Leche League - http://lalecheleague.org/Web/Texas.html</p> <p>Resources:</p> <ul style="list-style-type: none"> • Thinking About the Baby? Think About Breastfeeding [13-14] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] • Breastfeeding: the Best Choice [13-84, 13-84a] • For other breastfeeding pamphlets and resources, contact your local breastfeeding coordinator. <p>Staff Resources:</p> <ul style="list-style-type: none"> • Breastfeeding Promotion & Support Module [13-27-1] • http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex: Guidance for Counseling the Breastfeeding Mom</i> • <i>The Breastfeeding Answerbook</i>, La Leche League International

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Listeriosis</p> <p>A foodborne illness associated with soft cheeses and deli-style meats and poultry</p>	<p>Pregnant women are 20 times more likely than other adults to get listeriosis, an illness caused by eating foods contaminated with a bacteria called <i>Listeria monocytogenes</i>. The illness can be transmitted from the mother to the fetus, even if the mother doesn't show signs of being ill. The result can be premature delivery, miscarriage, stillbirth or serious health problems for the newborn.</p> <p>A pregnant woman with listeriosis can experience flu-like symptoms (fever, chills, muscle aches, and sometimes diarrhea or nausea), although the severity of the symptoms can vary. A pregnant woman with flu-like symptoms should always consult her healthcare provider.</p> <p>To prevent listeriosis, the Food and Drug Administration advises the following for pregnant women:</p> <ul style="list-style-type: none"> • Do not eat hot dogs, luncheon meats, cold cuts or deli meats unless they are reheated until steaming hot. • Do not eat soft cheeses such as feta, Brie, Camembert, blue-veined or Mexican-style cheeses (queso blanco, queso fresco, queso de hoja, queso de crema, asadero, etc.). It is safe to eat hard cheeses, semi-soft cheeses (such as mozzarella), processed cheeses, cream cheese, cottage cheese, and yogurt. • Do not eat refrigerated, smoked seafood (includes fish labeled as "nova-style," "lox," "kippered," "smoked," or "jerky") unless it is an ingredient in a cooked dish. It is safe to eat canned fish or shelf-stable smoked seafood. • Do not drink raw, unpasteurized milk. 	<p>Staff Resources:</p> <ul style="list-style-type: none"> • http://www.nal.usda.gov/wicworks/Topics/foodsafety_pathogens.html • http://www.fsis.usda.gov/OA/pubs/lm_tearsheet.pdf
<p>Other Topics: General Food Safety for Pregnant Women</p>	<ul style="list-style-type: none"> • Various bacteria can cause foodborne illnesses, often causing symptoms such as vomiting, diarrhea, etc. These symptoms can be more severe for a pregnant woman, plus they can lead to exhaustion and dehydration. • In some cases more, a pregnant woman can pass a foodborne infection on to her newborn, which can lead to a number of health problems, some of which can be serious. • Pregnant women can easily avoid common foodborne illnesses in the home by following basic food safety practices (cook, clean separate and chill). Refer to "Food Safety at Home" [13-20, 13-20(a)]. 	<p>Resources: Food Safety at Home [13-20, 13-20(a)]</p> <p>Staff Resources: http://www.foodsafety.gov</p>

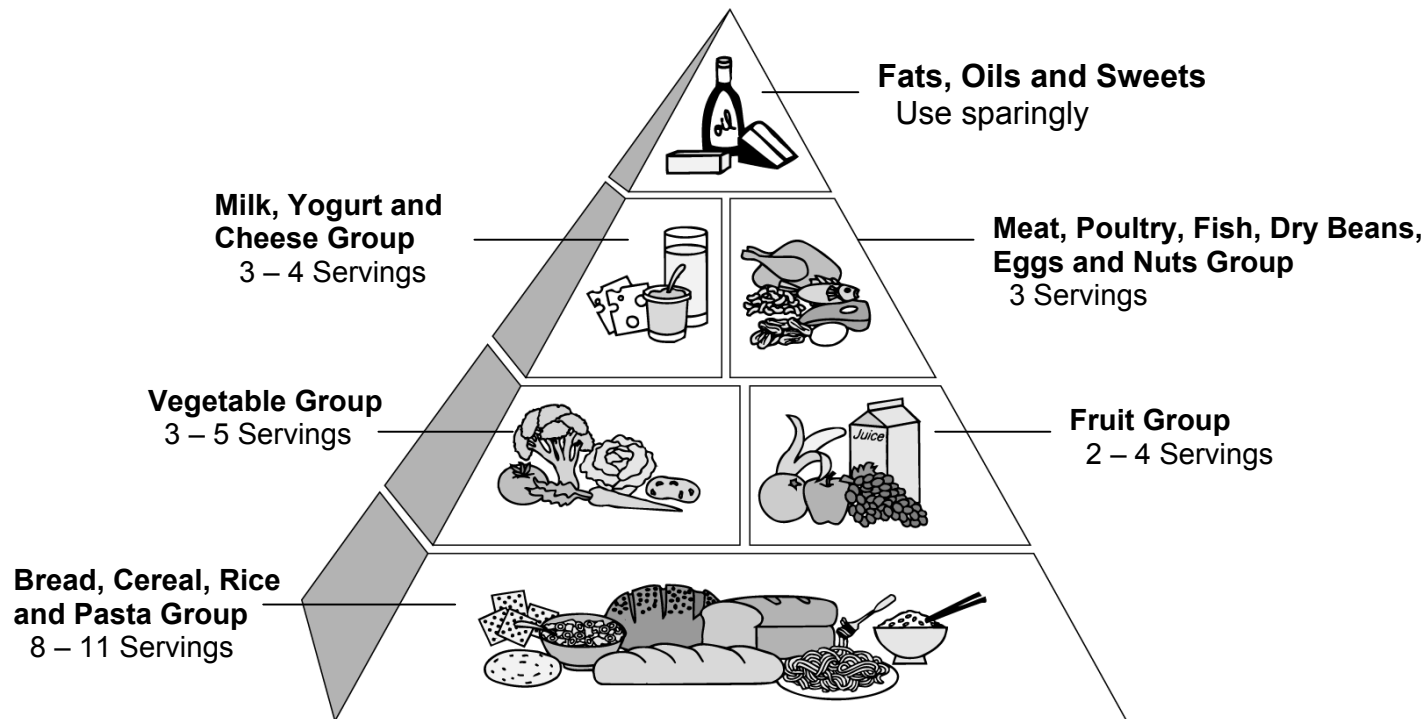
Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: <i>Toxoplasma gondii</i></p> <p>A parasite found in cat litter and raw meat</p>	<p><i>Toxoplasma gondii</i> is a parasite which can cause toxoplasmosis infection. Two potential sources of this parasite are cat feces and raw or undercooked meat (especially pork, lamb, and venison). A pregnant woman exposed to <i>Toxoplasma</i> may have swollen lymph glands, or muscle aches and pains that last for a few days to several weeks. Also, her fetus is at risk for severe disease. While some exposed newborns have no symptoms, others may experience eye infections, enlarged liver and spleen, jaundice and pneumonia.</p> <p>A pregnant women should take these steps to prevent toxoplasmosis:</p> <ul style="list-style-type: none"> • Talk with a health care provider about her risk of toxoplasmosis. In some cases, a doctor may order a blood sample for testing. • Because cats often use gardens and sandboxes as litter boxes, she should wear gloves when gardening or doing anything that involves handling soil. • Have someone else change the cat's litter box. Or wear gloves if she changes it herself. • Clean the cat's litter box daily (the parasite found in the cat's feces is not infectious for the first 24 hours after it is passed). • Keep cats indoors – cats can become infected by eating raw or undercooked meat (such as infected birds or rodents). Don't bring a new cat into the house that might have been an outdoor cat. Avoid handling stray cats and kittens. • Cook all meat thoroughly, until it is no longer pink in the center and until the juices run clear. Don't sample meat before it is fully cooked. 	<p>Staff Resources:</p> <p>http://www.nal.usda.gov/wicworks/Topics/foodsafety_pathogens.html</p>
<p>Other Topics: Methylmercury and PCBs in Fish.</p>	<p>Certain fish may contain high levels of methylmercury and/or PCBs, which, if eaten on a regular basis, can harm a fetus' developing nervous system. To avoid the risks associated with these pollutants, pregnant women should follow this advice from the Food and Drug Administration and the Environmental Protection Agency:</p> <ul style="list-style-type: none"> • Do not eat the following saltwater fish if you are pregnant: Shark, Swordfish, King Mackerel, and Tilefish • Before eating fish caught from local waters, check with the local health department or the TDH Seafood Safety Division (512-719-0215) to find out which fish are safe to eat. • Limit consumption of freshwater fish caught by friends and family from local waters to one meal per week (6 oz. cooked fish per adult; 2 ounces cooked fish per young child). <p>A pregnant women can still safely eat 12 ounces per week of cooked fish. The key is to follow the above guidelines, and to choose a variety different seafoods and fish, such as shellfish, canned fish, smaller ocean fish or farm-raised fish.</p>	<p>Staff Resources:</p> <ul style="list-style-type: none"> • TDH Seafood Safety Division (512-719-0215) • http://www.nal.usda.gov/wicworks/Topics/foodsafety_seafood.html

Appendices
Individual Counseling Guide – Pregnant Women

Appendix A	Food Guide Pyramid for Pregnant Women
Appendix B	Calorie-Dense and Nutrient-Dense Foods for Pregnant Women
Appendix C	Food Sources of Iron and Calcium for Pregnant Women
Appendix D	Food Sources of Vitamin A, Vitamin C, and Folic Acid for Pregnant Women
Appendix E	Type 2 Diabetes: Risk Factors and Symptoms
Appendix F	Gestational Diabetes: Risk Factors and Symptoms
Appendix G	Food Sources of Nutrients for Vegetarians During Pregnancy

Food Guide Pyramid

A Guide to Daily Food Choices for Pregnant Women



Bread, Cereal, Rice & Pasta

1 piece bread, tortilla, roll, muffin, pancake, biscuit or waffle
 ½ cup cooked cereal, rice, spaghetti, macaroni, noodles or vermicelli
 4 squares saltine crackers
 2 squares graham crackers
 ¾ cup ready-to-eat cereal

Fruits & Vegetables

½ cup cooked or canned fruit or vegetable
 1 cup raw fruit or vegetable
 ¾ cup fruit or vegetable juice
 ¼ cup dried fruit

Milk, Yogurt & Cheese ¹

8 ounces milk
 1½ ounces cheese
 1½ cups cottage cheese
 1 cup yogurt
 1 cup pudding, custard or flan (all made with milk)
 1½ cups soup make with milk

Meat, Poultry, Fish, Dry Beans, Eggs & Nuts

2-3 ounces cooked lean beef, chicken, turkey, fish or pork ¹
 ¾ - 1 cup dry beans or peas
 4 tablespoons peanut butter
 2 eggs
 ¼ cup nuts

¹ Pregnant women should avoid soft cheeses and unheated deli and luncheon meats (see Listeriosis information in the “Other Topics” section following risk code 903).

Appendix B

Calorie-Dense and Nutrient-Dense Foods for Pregnant Women

<u>High Calorie-Dense Foods:</u>	<u>High-Protein Foods</u>	<u>High-Fiber Foods</u>	<u>Examples of Nutrient-Dense Dishes:</u>
<ul style="list-style-type: none"> - Milk - Yogurt - Cheese - Puddings made with milk - Powdered milk (added to foods like mashed potatoes, cream soups, etc.) - Eggs - Meats - Peanut Butter - Nuts and Seeds - Dry beans and peas - Sauces, Gravies, Spreads, Sour Cream, Avocado 	<ul style="list-style-type: none"> - Eggs - Cheese - Yogurt - Beef - Chicken - Fish - Pork - Dried beans - Peas - Lentils - Tofu - Peanut Butter 	<ul style="list-style-type: none"> - Broccoli - Carrots - Cauliflower - Bananas - Blueberries - Dried beans - Peas - Lentils - Strawberries - Whole grain or other breads with >2 grams fiber/slice 	<ul style="list-style-type: none"> - Pasta dishes (with sauce, vegetables and/or lean meat) - Casseroles (vegetable casseroles, meat casseroles) - Pizza (topped with vegetables, cheese and lean meats) - Main dish salads with lean meat, cheese, vegetables, and low-fat dressing - Sandwiches (meat and/or cheese and vegetables on whole grain bread, also peanut butter and banana sandwiches). - Hearty soups, especially bean soups, vegetables soups and soups with rice, noodles or pasta - Stew or chili made with, beans, lean meats, vegetables - Enchiladas, tacos and chalupas made with beans, vegetables, lean meats and low-fat cheeses. - Macaroni and cheese with vegetables - Omelets with vegetables and cheese and/or lean meat - Milkshakes or smoothies made with skim or low-fat milk or yogurt, with added fruit, cereal or peanut butter
<u>Medium Calorie-Dense Foods:</u> <ul style="list-style-type: none"> - Breads - Cereal - Rice - Pasta - Vegetables 			

Appendix C

Food Sources of Iron and Calcium for Pregnant Women

Sources of nutrient data: USDA Nutrient Database for Standard Reference (Release 13), plus product labels

Iron-Rich Foods^{1, 2}

		mg. of iron
Total® cereal	¾ cup	18.0
Soybeans, cooked	½ cup	4.4
Blackstrap molasses	1 tbsp.	3.5
Lentils, cooked	½ cup	3.3
Potato, baked with skin	1 medium	2.7
Kidney Beans, cooked	½ cup	2.6
Garbanzo Beans, cooked	½ cup	2.4
Navy Beans, cooked	½ cup	2.3
Beef (ground, extra lean, cooked)	3 oz	2.3
Pinto Beans, cooked	½ cup	2.2
Blackeye Peas, cooked	½ cup	2.2
Figs, dried	5 medium	2.0
Northern Beans, cooked	½ cup	1.9
Tofu, firm	½ cup	1.8
Black Beans, cooked	½ cup	1.8
Apricots, dried	10 halves	1.6
Almonds	¼ cup	1.5
Split Peas, cooked	½ cup	1.3
Sesame seeds	1 tbsp	1.3
Prunes	5 medium	1.0
Chicken (without skin, cooked)	3 oz	1.0
Raisins	¼ cup packed	0.9
Bread	1 slice	0.9
Pork (cooked)	3 oz	0.9
Turnip greens, cooked	½ cup	0.6
Peanut Butter	2 tbsp	0.6
Mustard greens, cooked	½ cup	0.5
Fish (cooked)	3 oz	0.5

Calcium-Rich Foods³

Dairy Sources of Calcium:

	mg. of calcium
Low-fat yogurt	1 cup.....320
Cheddar cheese	1.5 oz.....305
Skim Milk	1 cup.....300
Ice cream	½ cup85
Low-fat Cottage cheese (2% milkfat)	½ cup75
Parmesan cheese	1 tbsp.....70

Non-Dairy Sources:

Calcium-fortified orange juice	8 oz.....350
Firm tofu (set with calcium sulfate)	1 cup.....300
Canned sardines with bones	3 oz.....265
Total® cereal	¾ cup260
Blackstrap Molasses	1 tbsp.....170
Pudding, made with milk	½ cup.....150
Calcium-fortified bread	1 slice.....150
Spinach, cooked	½ cup120
Turnip Greens, cooked	½ cup100
Corn tortillas (made with lime processed corn)	2 tortillas.....90
Almonds	¼ cup.....90
Sesame Seeds	1 tbsp.....90
Soybeans, cooked	½ cup90
Navy Beans, cooked	½ cup65
Northern Beans, cooked	½ cup60
Okra, sliced, cooked	½ cup50
Pinto beans, cooked	½ cup40
Broccoli, cooked	½ cup35

¹ The recommended intake for iron for pregnant women of all ages is 27 mg/day.

² The iron in meat products is better absorbed compared to the type of iron in foods of plant origin.

³ The recommended intake for calcium for pregnant women is 1300 mg/day for ≤18 years old; 1000 mg/day for ages 19 and up.

Appendix D

Food Sources of Vitamin A, Vitamin C and Folic Acid for Pregnant Women

Source of nutrient data: USDA Nutrient Database for Standard Reference (Release 13)

<u>Foods containing Vitamin A</u> ¹	<u>Foods containing Vitamin C</u> ²	<u>Foods containing Folic Acid</u> ³
mcg. of Retinol Equivalents	mg. of vitamin C	mcg. of folic acid
Sweet potato, cooked 1 medium 2490	Guavas ½ cup 150	Fortified Cereals* ½ - ¾ cup 100 to 400
Carrot, raw 1 medium 1715	Orange Juice 8 oz 95	Lentils ½ cup 180
Spinach, cooked ½ cup cooked 735	Red Bell Pepper, raw ½ cup sliced 85	Pinto Beans ½ cup 150
Cantaloupe 1 cup cubes 515	Kiwifruit 1 medium 75	Garbanzo Beans ½ cup 140
Mango ½ medium 405	Orange 1 medium 70	Spinach, cooked ½ cup 130
Turnip greens, cooked ½ cup cooked 395	Cantaloupe 1 cup cubes 70	Asparagus ½ cup 130
Winter Squash, cooked ½ cup cubes 365	Broccoli, cooked ½ cup chopped 60	Black beans ½ cup 130
Collard Greens, cooked ½ cup 300	Strawberries 8 medium 55	Kidney beans ½ cup 115
Spinach, raw 1½ cups 300	Grapefruit juice 6 oz 55	Orange juice 8 oz 110
Red Bell Pepper, raw ½ cup sliced 260	Vegetable Juice, canned 6 oz 50	Spinach, raw 1½ cups 90
Apricots, dried 10 halves 250	Brussels sprouts, cooked ½ cup 50	Collard greens, cooked ½ cup 90
Chinese Cabbage, cooked ½ cup 220	Grapefruit ½ medium 45	Romaine Lettuce 1 cup 80
Apricots, fresh ½ cup sliced 215	Papaya ½ cup cubes 45	Sunflower seeds ¼ cup 75
Vegetable Juice 6 oz 215	Green Bell Pepper, raw ½ cup sliced 40	Split peas ½ cup 65
Milk, skim 1 cup 150	Potato w/ skin, baked 1 medium 30	Wheat germ 2 tbsp 50
Romaine Lettuce 1 cup shredded 145	Sweet potato w/ skin, baked 1 medium 30	Broccoli, cooked ½ cup 40
Pumpkin, cooked ½ cup mashed 130	Cauliflower, cooked ½ cup 25	
Broccoli, cooked ½ cup chopped 110	Tomato, raw 1 medium 25	
Egg 1 large 85	Mango ½ cup sliced 25	
	Green or red hot chiles ¼ cup canned 25	
	Green Cabbage, raw 1 cup shredded 20	
	Chinese Cabbage, cooked ½ cup 20	
	Turnip greens, cooked ½ cup cooked 20	
	Collard greens, cooked ½ cup cooked 15	

**Folic acid content varies among different brands of cereals. Check the Nutrition Facts Labels of individual brands for specific serving sizes and folic acid levels.*

¹ The recommended intake for vitamin A for pregnant women is 750 mcg/day for ≤18 years old; 770 mcg/day for ages 19 and up.

² The recommended intake for vitamin C for pregnant women is 80 mg/day for ≤18 years old; 85 mg/day for ages 19 and up.

³ The recommended intake for folic acid for pregnant women of all ages is 600 mcg/day.

Appendix E

Type 2 Diabetes: Risk Factors and Symptoms

Type 2 diabetes occurs in both men and women, and typically develops during adulthood. In Type 2 diabetes, the body isn't able to make enough insulin, or properly use the insulin that it does make. The result is high blood sugar, which can damage the heart, arteries, eyes, nerves and kidneys and lead to serious health problems.

Once a woman has had gestational diabetes (GDM), her chance of developing Type 2 diabetes is very high. Six out of 10 overweight women (60%) who have had GDM will eventually develop Type 2 diabetes. For women who are not overweight, this number is one in four (25%). Being physically active and staying within a good weight range are the best ways to lower the risk of Type 2 diabetes, especially for women who have had GDM. Also, it is important for these women to have their blood sugar checked frequently and be aware of the risk factors and symptoms of Type 2 diabetes.

Risk factors for Type 2 diabetes

- previous gestational diabetes during a pregnancy or having delivered a baby weighting more than 9 pounds at birth.
- Hispanic, African American, Native American or Asian American
- family history of diabetes
- high or low blood sugar
- overweight (over 20% ideal weight)
- limited physical exercise
- age 45 or older

Symptoms of Type 2 diabetes

- blurred vision
- fatigues, lack of energy
- extreme thirst, hunger
- frequent urination
- sudden change in weight
- slow healing sore or cut
- numbness or tingling in hands or feet
- frequent infections
- depression

Appendix F

Gestational Diabetes: Risk Factors and Symptoms

Gestational diabetes mellitus (GDM) is a type of diabetes that develops during pregnancy. A woman with a history of gestational diabetes has a high risk of developing GDM in subsequent pregnancies, and it's usually more severe. Therefore it's important for these women to be aware of the risk factors and symptoms of GDM.

GDM is usually diagnosed between the 24th and 28th week of pregnancy and, in most cases, doesn't go away until after the baby is born. In GDM, the mother doesn't produce enough insulin, or her body doesn't properly use the insulin she does make. If the woman keeps her blood sugar within normal range during the pregnancy, she can have a healthy baby. If she doesn't control her blood sugar, complications can develop.

Risk factors for GDM

Any pregnant woman can develop GDM, but it's more likely to occur among:

- women older than 30
- women who are obese
- those with a family history of diabetes
- women who are Hispanic, African American or Native American
- those who experienced gestational diabetes in an earlier pregnancy

Early Symptoms of GDM

Although these symptoms are normal to some extent during pregnancy, women who are experiencing these symptoms should notify their doctor.

- excessive thirst
- increased urination
- huge appetite

Food Sources of Nutrients for Vegetarians During Pregnancy

Carefully-planned vegetarian diets, including more restrictive vegan diets, can provide all the nutrients a woman needs during pregnancy. Research has shown that babies of well-nourished vegetarian women have birth weights similar to infants of non-vegetarians. But vegetarians need to make an extra effort to eat a well-balanced diet. This is especially true for vegans, who do not consume any meat, eggs or dairy products.

When counseling vegetarians, it's important to consider how restrictive the diet is (lacto-ovo vegetarian vs. lacto-vegetarian vs. vegan*). WIC staff should then emphasize appropriate foods that are rich in:

- calories
- protein
- calcium
- iron
- zinc
- vitamin B-12
- riboflavin

To help meet energy needs, suggest eating frequent meals and snacks. Also, eating foods that are higher in fat may be warranted for pregnant vegetarians who are underweight or not gaining enough weight.

This chart lists general sources of nutrients that are important for pregnant women consuming restrictive vegetarian diets. Also, you may want to refer to Appendix C, which provides some specific data on the iron and calcium content of various foods.

Calories

- Fortified soybean milk
- Fortified rice milk
- Nuts and seeds
- Dry beans and peas
- Soy products
- Dried fruits
- Avocados
- Fruit juices

Protein

- Dry beans and peas
- Soy products
- Nuts and seeds
- Grains

Calcium (see Appendix C for nutrient values of various calcium-rich foods)

- Calcium-fortified soy or rice milk
- Calcium-fortified cereals
- Calcium-fortified juices
- Spinach and other greens
- Bok choy
- Corn tortillas made with lime-processed corn
- Soybeans, Northern beans and Navy beans
- Broccoli
- Rhubarb
- Okra
- Dried figs
- Almonds
- Sesame seeds
- Firm tofu made with calcium sulfate
- Calcium supplements
- Blackstrap molasses
- Various brands of breads, bagels, pancake mixes, etc. Look for brands that have least 10% the DV (daily value) for calcium per serving.

Iron (see Appendix C for nutrient values of various iron-rich foods)

- Whole grains
- Nuts and seeds
- Dry beans and peas
- Dried fruits
- Foods cooked in iron pots and skillets
- Foods containing iron that are eaten along with a food high in vitamin C (the vitamin C enhances the absorption of the iron)

Zinc

- Whole grains
- Dry beans and peas
- Nuts
- Wheat germ

Riboflavin

- Green leafy vegetables
- Whole grains
- Yeast
- Legumes

Vitamin B-12 (The only reliable source of vitamin B-12 for humans is animal foods.)

- Vitamin B-12 supplement
- Soy milk fortified with vitamin B-12
- Breakfast cereals fortified with vitamin B-12
- Yeast grown in media rich in vitamin B

**Note: Pregnant vegans should be receiving a prenatal supplement that provides a daily vitamin B-12 folic acid and, if sun exposure is limited, vitamin D. All supplements should be prescribed by a physician.*